

Instructions for Completing Local Agency/Authority Contract Amendments

Type of Procurement Used for Contract:

(The type of procurement identified below must match the type of procurement, appearing in the original underlying contract)

☐ Exempt – Reason:

☐ Governmental Agency

☐ Sole Source

☐ Requisition No. _____

☐ Other

Log No.: _____
(Use the same log number appearing on the original contract.)

Contract No.: _____
(Use the same contract number appearing on the original contract)

AMENDMENT #

(Amendments should always be numbered consecutively beginning with #1. If a contract has been previously amended, use the number following the number appearing on the last completed Amendment)

TO BE ATTACHED TO AND MADE A PART OF the above numbered contract by and between the following Division, Office or Unit of the Utah Department of Human Services ("DHS"): _____ *(insert full name and address of contracting Division/Office/Unit)* in the _____ Region *(insert name and address of the Region, if any)* (referred to as "DHS/_____") *(insert the abbreviated name of the contracting Division, Office or Unit of DHS, ie: "DHS/DSAMH")*

AND

(The contractor information reflected below must match the information in the original contract or a prior amendment amending all or any portion of the requested information.)

Name: _____

Address: _____

IRS No.: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Not-for-Profit Corporation | |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Charitable Foundation | |
| <input type="checkbox"/> Limited Liability Company (LLC)/Sole Proprietor | | |
| <input type="checkbox"/> Limited Liability Company (LLC)/Partnership | | |
| <input type="checkbox"/> Other (Specify): _____ | | |

referred to as the "Local Agency/Authority".

EFFECTIVE DATE: _____ *(State the date the amendment is intended to take effect or begin. Amendments without effective dates will not be processed.)*

PURPOSE OF AMENDMENT: (Briefly describe the purpose of the amendment in complete sentences. For Example: "The purpose of this amendment is to extend the end date of the contract, add funding, and change some contract language.")

The parties agree to amend the contract as follows:

When completing this section of the amendment, reference all items/information to be changed in the order they appear in the original contract. For example, a change in Part I should be addressed before a change in Part IV.

For each change, first reference the part, section and paragraph(s) where the item/information to be amended is found then state clearly how that item/information is to be changed. For Example:

1. Part I, Section A, #2, "Contract Period": Change to read:
"The Contract is effective as of July 1, 2002 and terminates on June 30 2003, unless...."
2. Part I, Section A, #5a, "Fixed Amount of Compensation": Change the paragraph to read:
"...DHS/DSAMH shall pay the Local Agency in the State Fiscal Year 2003 not more than \$1,000.00 for providing..."
3. Part I, Section A, #6a, "Funding Sources": Replace the table in the contract with the following table:

| CFDA OR STATE COMPLIANCE # | FEDERAL OR STATE (ORIGINAL) FUNDING SOURCE | ESTIMATED PERCENTAGE OR AMOUNT (optional) |
|-----------------------------------|---|--|
| | State General Fund | \$1,000.00 |
| | TOTAL | \$1,000.00 |

Note: When amending only individual items in a table, replace only the items being changed, not the entire table. For example:

4. Part IV, #2, "Contract Payments": Add the following service code to the existing table and change the total "Total Contract Amount (\$)" from \$400.00 to \$1,000.00.

| Service Name | Service Code | Reimbursement Maximum |
|-------------------------|---------------------|------------------------------|
| Federal Treatment Drugs | FTD | \$600.00 |
| | TOTAL | \$1,000.00 |

All other terms and conditions in the original contract remain the same.

AUTHORITY OF PERSON SIGNING FOR THE LOCAL AGENCY: The Local Agency represents that the person who has signed this Amendment on behalf of the Local Agency has full legal authority to bind the Local Agency and to execute this Amendment.

LOCAL AGENCY HAS NOT ALTERED THIS AMENDMENT: By signing this Amendment, the Local Agency represents that it has not in any way altered the language or provisions in the Amendment, and that this Amendment contains exactly the same provisions that appeared in this document and its exhibits when DHS originally sent it to the Local Agency.

IN WITNESS WHEREOF, the parties sign and cause this amendment to be effective:

(The signatures included on the Amendment must be the same people and/or the same title/positions as those signing the original Contract).

LOCAL AGENCY

By: _____
Type or print name: _____
Title/Position: _____
Date: _____

APPROVED AS TO PROCUREMENT

(There is only one procurement signature required. Refer to the original contract to see who signed it and then delete the unnecessary signature block.)

By: _____
Rosalie Nance, Purchasing Agent
DHS Bureau of Contract Management
Date: _____

By: _____
Douglas G. Richins, Director
State Division of Purchasing
Date: _____

APPROVED

Check the original contract to see if it was stamped by State Finance. If it was not, delete this section.

By: _____
Richard Barker, Contract Analyst
State Division of Finance
Date: _____

DHS/ _____

By: _____
Type or print name: _____
Title/Position (*Director*): _____
Division/Office of _____
Date: _____

REGION

By: _____
Type or print Name: _____
Title/Position (*Administrator*): _____
DHS/ _____ Region
Date: _____

APPROVED AS TO AVAILABILITY OF FUNDS

By: _____
Type or Print Name: _____
Title/Position (*Budget Officer*): _____
DHS/ _____
Date: _____